HEALTH AFFAIRS

TRICARE Management Activity

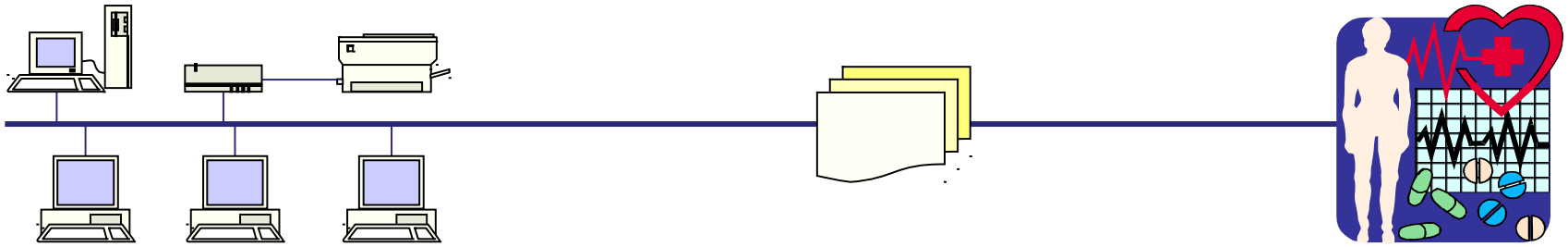
TRICARE Management Activity

WELCOME

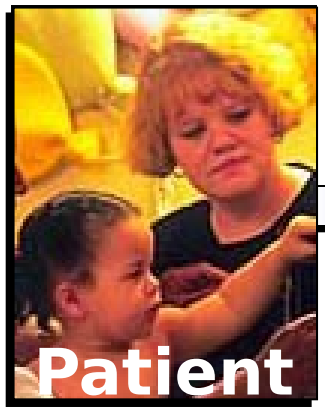
IM/IT SPEAKER TRACK

Moderator: Colonel Garry Stanberry

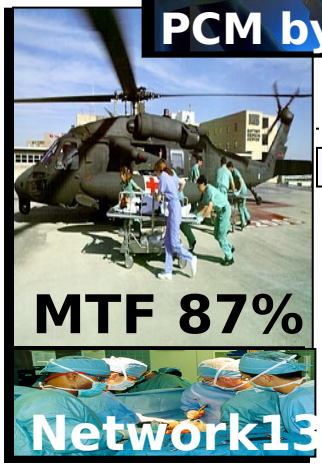
Optimization
BPR
CHCS II

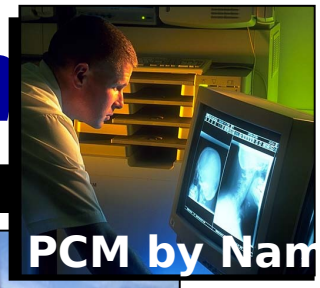


"Deliver the Prom



Enroll





Assess

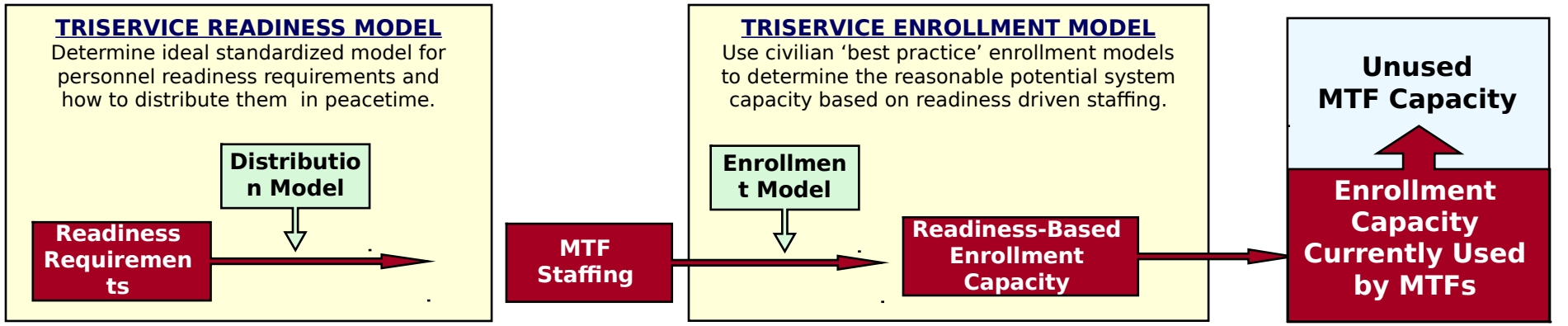
Access		Quality		Value	
Access to TSC	Access to Appointing	Demand Management	After Hours Access	TRICARE Standards Met 1,7,30	Patient Satisfaction

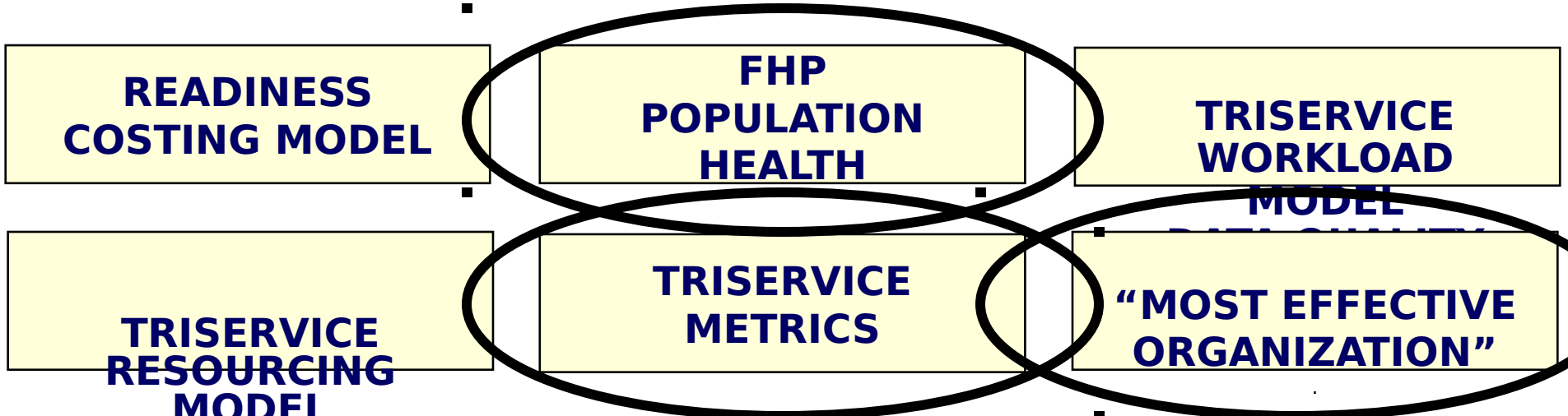
Data Quality | **BPR**

MHS Optimization Plan

TRICARE

Critical MHS Reengineering Components


TRISERVICE READINESS MODEL
Determine ideal standardized model for personnel readiness requirements and how to distribute them in peacetime.
Distributio n Model
Readiness Requiremen ts
MTF Staffing
TRISERVICE ENROLLMENT MODEL
Use civilian 'best practice' enrollment models to determine the reasonable potential system capacity based on readiness driven staffing.
Enrollmen t Model
Readiness-Based Enrollment Capacity
Unused MTF Capacity
Enrollment Capacity Currently Used by MTFs



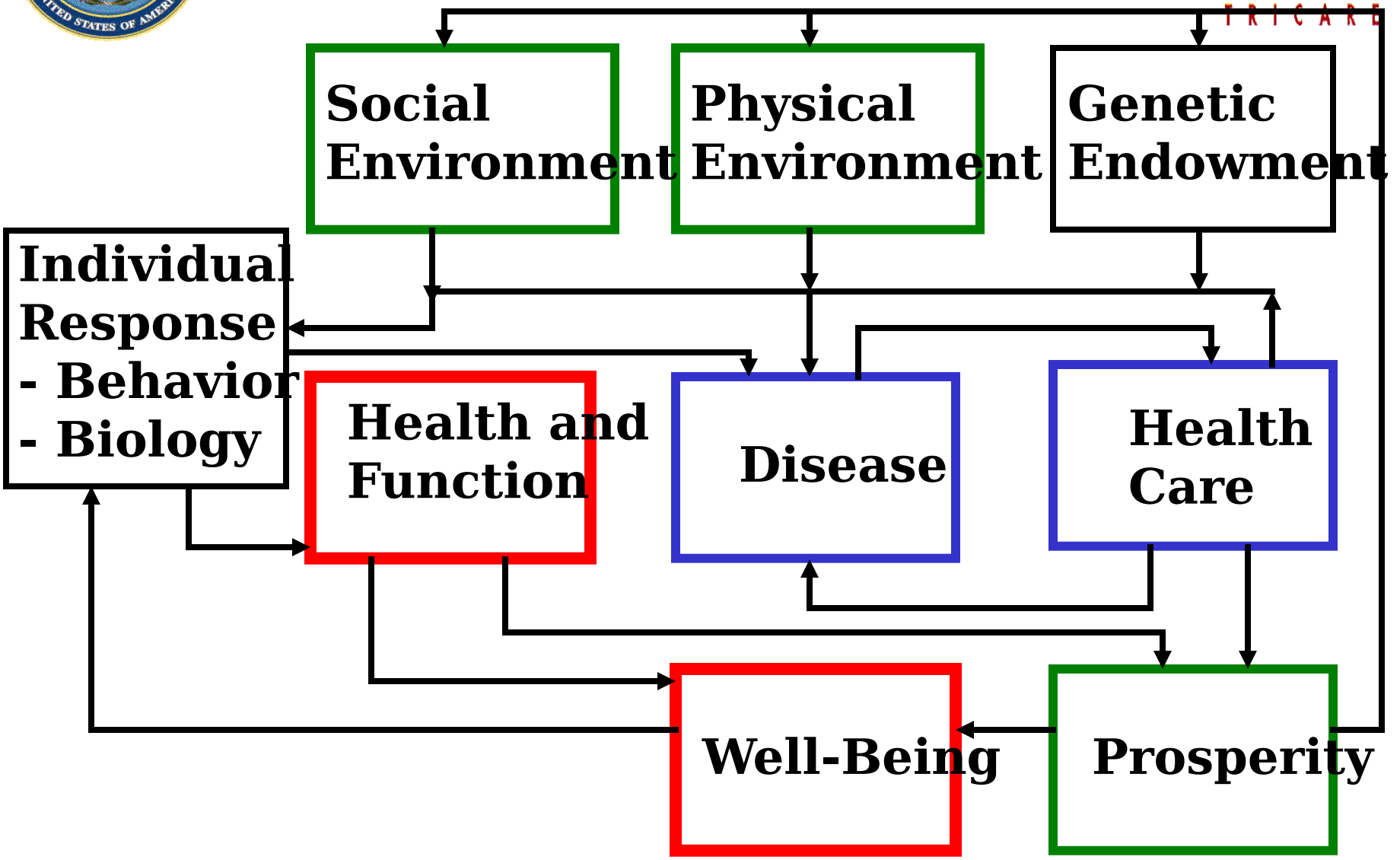
What Are We Optimizing?

- **Health of our Active Duty and Beneficiaries**
- **Customer Service**
  - **Access**
  - **Access**
  - **Access**
- **Value of Healthcare Delivered**
- **Provider and Staff Satisfaction**

Population Health

“The aggregate health outcome of health adjusted life expectancy (quantity and quality) of a group of individuals, in an economic framework that balances the relative marginal return from the multiple determinants of health”.

Multiple Determinants of Health Care

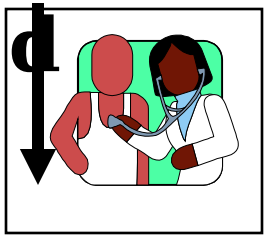


Measuring Outcome

STRUCTURE	PROCESS	OUTCOME
Hospital Beds	Physical Exams	Mortality
Health Professionals	Tests Treatments	Morbidity Disability
Mammography Centers	# Mammograms	Breast CA Deaths Early Detect

MTF Capacity

Demand



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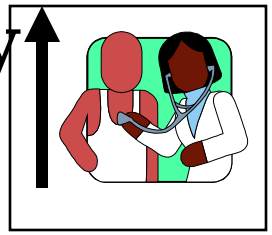
Productivity



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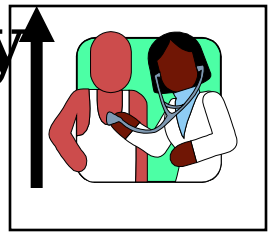
Availability



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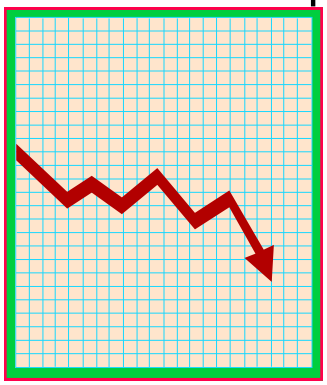
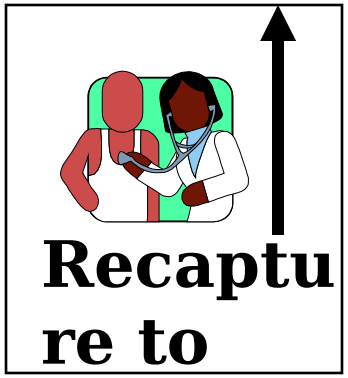
Pop Health FHP D/UM

Support Providers

Providers/Staff Available

MCSC $s





Recapture to MTFs

Increased Capacity

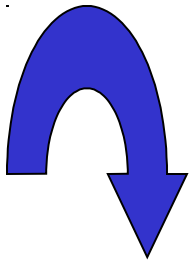
Primary Care

Specialty Care

- Phone/ Web Access to Information
- Advice
- Triage
- Appoint
- PCM/Panel enrollment
- Clinic Support
- Information
- Referral Management
- Disease Management
- Case Management

- Increase Health
- Decrease Visits
- Increase MTF Enrolled Capac
- Increase Satisfaction (Patien

Provider as a Customer



Performance Feedback

Adequate Support Personnel & Management

Enrollment

HEART

Referral, Disease & Case Management

Medical Record Availability

Demand Management: One Stop Advice, Triage, Appointing

Evidenced Based Medicine, Population Health Integration

Quality Care

Force Health Protection

Healthy Population

Satisfied Patient

Fulfilled Provider

Standardized Appointing & Scheduling

Provider Support Tools

TAT PHCA, PHOTO, Team

Do All the Steps

1. Vision
2. Conceptual Plan
3. Policy
4. Implementation Plans
5. Business Process Reengineering and Business Rules
6. Mechanics of Implementation
7. Technology Solution

CHCS II

- CPRs have failed because organizations often have focused on tools and fail to first examine process. “Digitizing” bad processes cause worse processes
- Capitation did not drive CPR & lack of information prevented capitation
- CPR as a tools must:
  - Transactional Competence
  - Communication
  - Data Aggregation > Information

Patient & CHCS II

- **One Provider (PCM by Name)**
- **Clinic team reminds patient of prevention measures**
- **No repetition of information by patient. Provider has information at hand**
- **<u>MORE TIME WITH PROVIDER</u>**

Provider & CHCS II

- **Routine prevention measures, chief complaint, check-in done by clinic staff**
- **Easy fast retrieval of problem list, meds, labs, rads, consults on patient provider knows**
- **Disease management templates**
- **Referral management in place**
- **Panel information by Decision Support Office**
- **<u>MORE TIME WITH PATIENT</u>**

HealthCast 2010 Price Waterhouse Cooper

- **Consumers are key customers not doctors, health insurers, or government**
- **e-business essential for survival**
- **Move from cure to prevention**
- **New Forces**
  - **Automation**
  - **Standardization**
  - **Consumerism**

pwcglobal.com/healthcare

Healthcast 2010

- **Must change systems, technology, and processes to meet consumer demand.**
- **Processes must be consumer-focused**
- **Improve communications with customers**
- **Increased access to their medical records**
- **Service and speed are crucial, e-scheduling**
- **Functional silos must go way of dinosaur**
- **Use of Internet for information, eliminate middle-man**

Health & the Internet

- Consumers will:
  - Search disease
  - Get refills
  - Health assessments
  - Medical record management
  - Prevention managment
  - Disease management
  - Schedule appointments
- New role of provider: interpreter, guide, designer
- Data > Information > Knowledge

“Everyone Does Not Have Internet Access”

- 33% - 45% online now
- 40% of seniors online
- 56% of women leave the office with questions unanswered
- 70% with access search for information before going to provider
- 46% of patients in Stanford study use email
- 85% of patients in Oklahoma would use email to communicate with physician
- 1 - 2% of providers used email with patients in 1997, 33% in 1999.

E-Mail

- **70% of patients who call for an acute care appointment only want information**
- **25 - 80% of callers get busy signal and hang up**
- **Of <u>ENROLLED</u> patients in Internal Medicine practice, 1 email/day for every 500 patients**
- **Need guidelines on:**
  - **Use**
  - **Confidentiality**
  - **Documentation**

The Physician Executive Jan 2000

Critical Success Factors MHS Optimization

- Master Patient Index (DEERS 3.0) .... Aug 00
- Standardized Enrollment Model..... Feb 00
- Functional HEAR..... Sep 00
- Primary Care Manager by Name..... Sep 00
- Standardized Appointing Process..... Oct 00
- Access/Demand Management
  - Phone & Web Based.....

DEPARTMENT OF DEFENSE

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